

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2005
OF THE CONDITION AND AFFAIRS OF THE

AMERICAN DENTAL PROVIDERS OF ARKANSAS, INC.

NAIC Group Code	<u>1219</u>	<u>1219</u>	NAIC Company Code	<u>11559</u>	Employer's ID Number	<u>58-2302163</u>
	(Current)	(Prior)				

Organized under the Laws of Arkansas, State of Domicile or Port of Entry Arkansas

Country of Domicile	United States of America
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Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 01/29/1997 Commenced Business 03/20/1997

Statutory Home Office 100 Mansell Court East, Suite 400 , Roswell , GA 30076
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office	100 Mansell Court East, Suite 400
	(Street and Number)
Roswell , GA 30076	770-998-8936
(City or Town, State and Zip Code)	(Area Code) (Telephone Number)

Mail Address 100 Mansell Court East, Suite 400, Roswell , GA 30076
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 100 Mansell Court East, Suite 400
(Street and Number)
Roswell, GA 30076, 770-998-8936
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.compbenefits.com

Statutory Statement Contact Stephanie Lyn Endres, 770-998-8936-8408
(Name) (Area Code) (Telephone Number)
sendres@compbenefits.com, 770-518-8102
(E-mail Address) (FAX Number)

Policyowner Relations Contact 100 Mansell Court East, Suite 400
(Street and Number)
Roswell , GA 30076, 770-998-8936
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

OFFICERS

President Kirk Edward Rothrock Treasurer George William Dunaway
Secretary Bruce Alexander Mitchell

OTHER

Bruce Alexander Mitchell George William Dunaway Steven Kenneth Isaacs

DIRECTORS OR TRUSTEES

Kirk Edward Rothrock Bruce Alexander Mitchell George William Dunaway

State of Georgia SS:
County of Fulton

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Kirk Edward Rothrock
President

Bruce Alexander Mitchell
Secretary

George William Dunaway
Treasurer

Subscribed and sworn to before me this
21st day of February, 2006

- a. Is this an original filing? Yes [X] No []
- b. If no,
1. State the amendment number.....
 2. Date filed
 3. Number of pages attached.....

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE AMERICAN DENTAL PROVIDERS OF ARKANSAS, INC.

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	*	For- eign	Bond Char	NAIC Des.	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization) Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Rate of	Effective Rate of	How Paid	Admitted Amount Due and Accrued	Gross Amount Received During Year	Acquired	Maturity
912828-BY-5	UST Notes				1	105,492	97.6130	102,494	105,000	105,190	0	(165)	0	0	2.250	2.086	FA	899	2,363	02/27/2004	02/15/2007
United States						105,492	XXX	102,494	105,000	105,190	0	(165)	0	0	XXX	XXX	XXX	899	2,363	XXX	XXX
0199999. U.S. Government - Issuer Obligations						105,492	XXX	102,494	105,000	105,190	0	(165)	0	0	XXX	XXX	XXX	899	2,363	XXX	XXX
0399999. Total - U.S. Government Bonds						105,492	XXX	102,494	105,000	105,190	0	(165)	0	0	XXX	XXX	XXX	899	2,363	XXX	XXX
1099999. Total - All Other Government Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
1799999. Total - States, Territories and Possessions Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2499999. Total - Political Subdivisions Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
3199999. Total - Special Revenues Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
3899999. Total - Public Utilities Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
4599999. Total - Industrial and Miscellaneous Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
5399999. Total - Parent, Subsidiaries and Affiliates Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
5499999. Total - Issuer Obligations						105,492	XXX	102,494	105,000	105,190	0	(165)	0	0	XXX	XXX	XXX	899	2,363	XXX	XXX
5599999. Total - Single Class Mortgage-Backed/Asset-Backed Securities						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
5699999. Total - Defined Multi-Class Residential Mortgage-Backed Securities						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
5799999. Total - Other Multi-Class Residential Mortgage-Backed Securities						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
5899999. Total - Defined Multi-Class Commercial Mortgage-Backed Securities						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
5999999. Total - Other Multi-Class Commercial Mortgage-Backed/Asset-Backed Securities						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
6099999 - Totals						105,492	XXX	102,494	105,000	105,190	0	(165)	0	0	XXX	XXX	XXX	899	2,363	XXX	XXX

Schedule D - Part 2 - Section 1
N O N E

Schedule D - Part 2 - Section 2
N O N E

Schedule D - Part 3
N O N E

Schedule D - Part 4
N O N E

Schedule D - Part 5
N O N E

Schedule D - Part 6 - Section 1
N O N E

Schedule D - Part 6 - Section 2
N O N E

Schedule DA - Part 1
N O N E

Schedule DB - Part A - Section 1
N O N E

Schedule DB - Part A - Section 2
N O N E

Schedule DB - Part A - Section 3
N O N E

Schedule DB - Part B - Section 1
N O N E

Schedule DB - Part B - Section 2
N O N E

Schedule DB - Part B - Section 3
N O N E

Schedule DB - Part C - Section 1
N O N E

Schedule DB - Part C - Section 2
N O N E

Schedule DB - Part C - Section 3
N O N E

Schedule DB - Part D - Section 1
N O N E

Schedule DB - Part D - Section 2
N O N E

Schedule DB - Part D - Section 3
N O N E

Schedule DB - Part E - Section 1
N O N E

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE AMERICAN DENTAL PROVIDERS OF ARKANSAS, INC.

SCHEDULE E - PART 1 - CASH

[illegible]

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January	99,965	4. April	(2,287)	7. July	0	10. October	(830)
2. February	(1,697)	5. May	(35)	8. August	0	11. November	0
3. March	(1,178)	6. June	0	9. September	(500)	12. December	0

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE AMERICAN DENTAL PROVIDERS OF ARKANSAS, INC.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments owned December 31 of Current Year

[illegible]

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits with the State of Domicile For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama			0	.0	0	.0
2. Alaska			0	.0	0	.0
3. Arizona			0	.0	0	.0
4. Arkansas	B	Required Statutory Deposit	105,190	102,494	0	.0
5. California			0	.0	0	.0
6. Colorado			0	.0	0	.0
7. Connecticut			0	.0	0	.0
8. Delaware			0	.0	0	.0
9. District of Columbia			0	.0	0	.0
10. Florida			0	.0	0	.0
11. Georgia			0	.0	0	.0
12. Hawaii			0	.0	0	.0
13. Idaho			0	.0	0	.0
14. Illinois			0	.0	0	.0
15. Indiana			0	.0	0	.0
16. Iowa			0	.0	0	.0
17. Kansas			0	.0	0	.0
18. Kentucky			0	.0	0	.0
19. Louisiana			0	.0	0	.0
20. Maine			0	.0	0	.0
21. Maryland			0	.0	0	.0
22. Massachusetts			0	.0	0	.0
23. Michigan			0	.0	0	.0
24. Minnesota			0	.0	0	.0
25. Mississippi			0	.0	0	.0
26. Missouri			0	.0	0	.0
27. Montana			0	.0	0	.0
28. Nebraska			0	.0	0	.0
29. Nevada			0	.0	0	.0
30. New Hampshire			0	.0	0	.0
31. New Jersey			0	.0	0	.0
32. New Mexico			0	.0	0	.0
33. New York			0	.0	0	.0
34. North Carolina			0	.0	0	.0
35. North Dakota			0	.0	0	.0
36. Ohio			0	.0	0	.0
37. Oklahoma			0	.0	0	.0
38. Oregon			0	.0	0	.0
39. Pennsylvania			0	.0	0	.0
40. Rhode Island			0	.0	0	.0
41. South Carolina			0	.0	0	.0
42. South Dakota			0	.0	0	.0
43. Tennessee			0	.0	0	.0
44. Texas			0	.0	0	.0
45. Utah			0	.0	0	.0
46. Vermont			0	.0	0	.0
47. Virginia			0	.0	0	.0
48. Washington			0	.0	0	.0
49. West Virginia			0	.0	0	.0
50. Wisconsin			0	.0	0	.0
51. Wyoming			0	.0	0	.0
52. American Samoa			0	.0	0	.0
53. Guam			0	.0	0	.0
54. Puerto Rico			0	.0	0	.0
55. U.S. Virgin Islands			0	.0	0	.0
56. Canada			0	.0	0	.0
57. Aggregate Alien and Other	XXX	XXX	0	0	0	.0
58. Subtotal	XXX	XXX	105,190	102,494	0	.0
DETAILS OF WRITE-INS						
5701.						
5702.						
5703.						
5798. Summary of remaining write-ins for Line 57 from overflow page	XXX	XXX	0	.0	0	.0
5799. Totals (Lines 5701 thru 5703 plus 5798)(Line 57 above)	XXX	XXX	0	0	0	.0